

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 534268

FILING DATE

APPLICANT(S)

CLAIMS

	CLAIMS							CLAIMS						
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						51							
2		1					52							
3		2					53							
4							54							
5							55							
6							56							
7							57							
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10		1					60							
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45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	1													
TOTAL DEP.	10													
TOTAL CLAIMS	11													